

**GROUP:** Administration for Children & Family (ACF) State Information Systems Meeting  
**DATES:** October 19 - 25, 2002

**SPECIAL GROUP ROOM RATES**  
(ROOM RATES ARE PER NIGHT)

CATEGORY	SINGLE	DOUBLE	TRIPLE
*Waikiki Tower – Mix of Mountain/Ocean View	\$105	\$105	\$130
**Torch Ginger Floors – Mix of Mountain/ Ocean View	\$125	\$125	\$150

\*Two Double Beds/ room

\*\*Choice of King or Two Double Beds/ room

Room rates are subject to General Excise Tax of 4.16% plus Transient Accommodations Tax of 7.25%.

Reservation form must be received by the hotel no later than September 17, 2002. Reservations received after September 17, 2002 are subject to room availability. Room requests for extended dates will be confirmed on space availability basis only, and if confirmed, will be done at the group rate.

A one night's deposit by U.S. check/money order or (major) credit card information must accompany the reservation request to guarantee the room. Reservations can also be made by phone by calling toll-free (800) 367-6025 (U.S. & Canada), (800) 446-8990 (Neighbor Islands), direct (808) 955-4811/Group Reservations, or by facsimile (808) 944-6839. **Reservations may also be made through the Internet at [www.alamoanahotel.com](http://www.alamoanahotel.com) (indicate group name in comments section).**

Deposits will be refunded if cancellation notice is received 72 hours prior to arrival time.

Adjacent and/or connecting room requests will be confirmed subject to availability only. No charge for children under 18 years of age when occupying room with full paying adult and utilizing existing bedding.

Hotel check-in time is 3:00 PM. Check-out time is 12:00 noon.

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**DETACH AND MAIL**  
(1) form per room

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**PLEASE PRINT:**

**NAME:** \_\_\_\_\_

**ADDRESS**  
**:** \_\_\_\_\_

**ARRIVAL**  
**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **DEPARTURE DATE:** \_\_\_\_\_ **TIME**  
**:** \_\_\_\_\_

**PHON**  
**E:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**CATEGORY SELECTED:** \_\_\_\_\_ **SGL** \_\_\_\_\_ **DBL** \_\_\_\_\_ **TPL** \_\_\_\_\_ **RATE:** \_\_\_\_\_

**SHARING ROOM WITH:** \_\_\_\_\_ **SMOKING** \_\_\_\_\_ **NON-**  
**:** \_\_\_\_\_ **SMOKING:** \_\_\_\_\_

**CREDIT CARD:** ☐ AMEX ☐ MC ☐ VISA ☐ CARTE BLANCHE/ DINERS ☐ JCB

**ACCOUNT NUMBER:** \_\_\_\_\_ **EXP.**  
**DATE:** \_\_\_\_\_

**CARDHOLDER'S NAME:** \_\_\_\_\_

(Please Print)

(Signature)

Deposit of first night's lodging or credit card guarantee must be included with this form. **Credit cards will be charged one night room and tax to guarantee the reservation.** Please make check payable to **ALA MOANA HOTEL** and mail to 410 Atkinson Drive, Honolulu, Hawaii 96814-4722, Attn: Group Reservations.